

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NC
09/250,769	02/15/99	514	1614	P03496US1

APPLICANT

RICHARD E. OSTLUND JR., ST LOUIS, MO.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED THIS APPLN IS A CIP OF 09/034,561 05/26/98 Pat. No. 5,932,562

*[Signature]*

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED *[Signature] NONE*

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED *[Signature] NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 03/11/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MO	SHEETS DRAWING 0	TOTAL CLAIMS 16	INDEPEN CLAIMS 3
Verified and Acknowledged		Examiner's Initials <i>[Signature]</i> Initials			

ADDRESS

EDMUND J SEASE  
801 GRAND AVENUE  
SUITE 3200  
DES MOINES IA 50209

TITLE

SITOSTANOL FORMULATION WITH EMULSIFIER TO REDUCE CHOLESTEROL  
ABSORPTION AND METHOD FOR PREPARING AND USE OF SAME

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext.) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$380		

SERIAL NUMBER 09/250,769		FILING DATE 02/15/99	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. P03496US1	
APPLICANT	RICHARD E. OSTLUND, ST LOUIS, MO.					
	<b>**CONTINUING DOMESTIC DATA*****</b> VERIFIED THIS APPLN IS A CIP OF 09/084,561 05/26/98					
	<b>**371 (NAT'L STAGE) DATA*****</b> VERIFIED					
	<b>**FOREIGN APPLICATIONS*****</b> VERIFIED					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 03/11/99 ** SMALL ENTITY **						
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance			STATE OR COUNTRY MO	SHEETS DRAWING 0	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Initials _____ Initials _____						
ADDRESS	EDMUND J SEASE 801 GRAND AVENUE SUITE 3200 DES MOINES IA 50209					
	SITOSTANOL FORMULATION WITH EMULSIFIER TO REDUCE CHOLESTEROL ABSORPTION AND METHOD FOR PREPARING AND USE OF SAME					
TITLE						
FILING FEE RECEIVED \$380		FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	